

Name
in
Full

Ellen Mary Baynard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

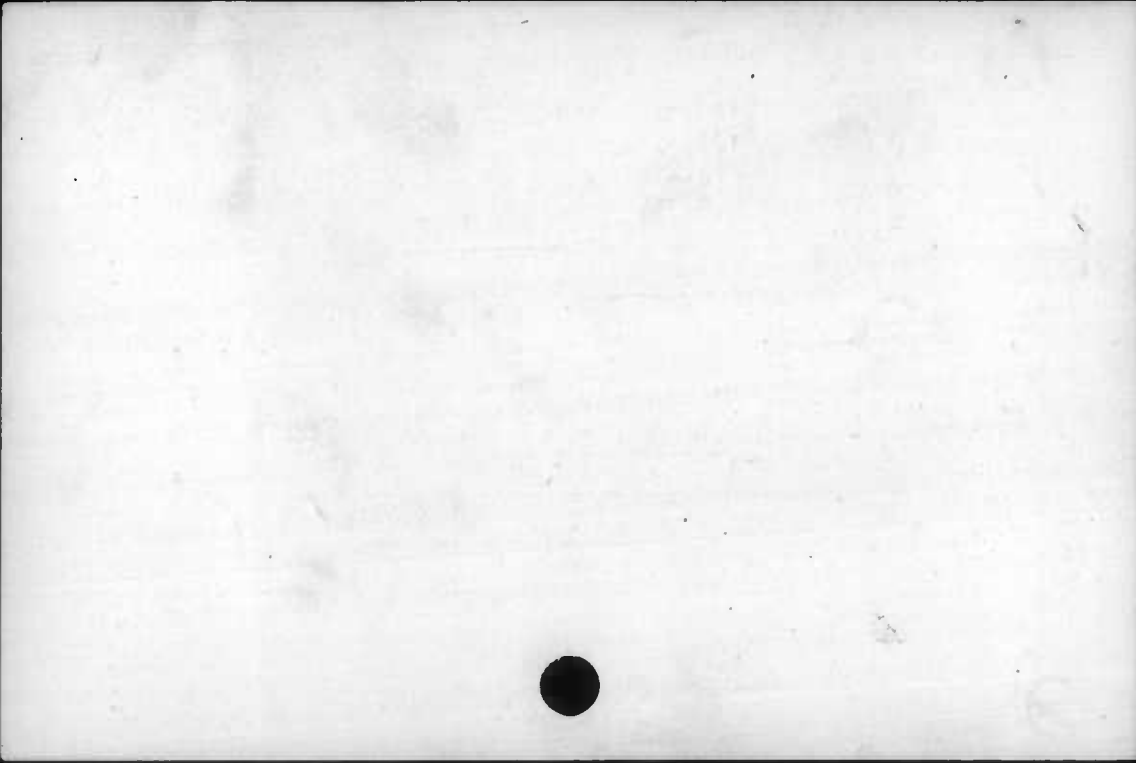
Died at <u>Euston</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death <u>19010</u>	Month <u>1</u>	Day <u>5</u>	Age <u>53</u> <small>Years</small>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>		
Occupation <u>housewife</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wm. W. Baynard</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>J. A. Baynard</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary <u>Pinthetous Melitosis</u>	How long <u>6 mos</u>
Immediate <u>Cancer</u>	How long <u>18 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. B. Herwith</u>
	Address <u>Euston</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Moses Berry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eustis</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death	<u>1940</u> Month <u>Jan</u>	Day <u>10</u>	Age <u>53</u> Years	Months <u>—</u>	Days <u>—</u>
Sex	<u>Male</u>	Color or Race	<u>Blk</u>	Birth-place	<u>unknown</u>
Occupation	<u>Labourer</u>	Where Residing if not at place of death <u>near Eustis</u>			
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Rachel</u>		
Father's Name	<u>unknown</u>			Father's Birthplace	<u>unknown</u>
Mother's Maiden Name	<u>unknown</u>			Mother's Birthplace	<u>unknown</u>
Name of person giving information	<u>Wm. Cuppen</u>			How related to deceased	<u>Son-in-law</u>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Lobar Pneumonia</u>	How long	<u>17 days</u>
Immediate	<u>Heart Failure</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>F. B. Meritt</u>	
Accident or Suicide?		Address	
<u>no</u>		<u>Eustis Md</u>	

New Chapel

Name
in
Full

Ardilla Brownell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Trappe Town Talbot County

Date of death 1980 Month Jan Day 26 Age 9 Years Months 3 Days 1

Sex Female Color or Race colored Birth-place Talbot Co.,

Occupation School Where Residing if not at place of death ☒

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name George E. Brownell Jr., Father's Birthplace Talbot Co.,

Mother's Maiden Name Sarah E. Gaupier Mother's Birthplace Talbot Co.,

Name of person giving Information George E. Brownell How related to deceased Father

CAUSES OF DEATH

Primary Broncho-pneumonia

How long 5 wks,

Immediate Convulsions

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician M^{rs} S. Seymour

Address Trappe, Md.,

Accident or Suicide no

PHYSICIAN
OR CORONER



Name
in
Full

Lousia Coxin

CERTIFICATE OF DEATH

Town

Easton

County

Maryland

MARYLAND

Died at

Date

of death 1900

Month

Jan

Day

30th

Age

Years

1

Months

4

Days

Sex

Female

Color or
Race

Black

Birth-
place

Easton Md

Occupation

None

Where Residing if not
at place of death

Easton Md

~~M~~ Married, Single
~~or Widowed~~

X

Name of Wife or
Husband

X

Father's
Name

John Brown

Father's
Birthplace

Don't know

Mother's
Maiden Name

Emma Coxin

Mother's
Birthplace

Easton Md

Name of person giving
Information

Caroline Coxin

How related
to deceased

Grand Mother

CAUSES OF DEATH

Primary

Pneumonia

How long

Two days

Immediate

Cardiac Failure

How long

One hour

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

James B. Munnit
Easton

Accident or Suicide

md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Margaret Cuff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Easton Town Talbot County MARYLAND

Date of death 1900 Month 1 Day 23 Age 74 Years Months 6 Days 4

Sex Female Color or Race Colored Birth-place Balto.

Occupation Housewife Where Residing if not at place of death _____

Married, Single or Widowed Widow Name of Wife or Husband D. J. Cuff

Father's Name James Anderson Father's Birthplace Talbot Co.

Mother's Maiden Name Diana Hobson Mother's Birthplace Talbot Co.

Name of person giving Information Mary Thomas How related to deceased Niece

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

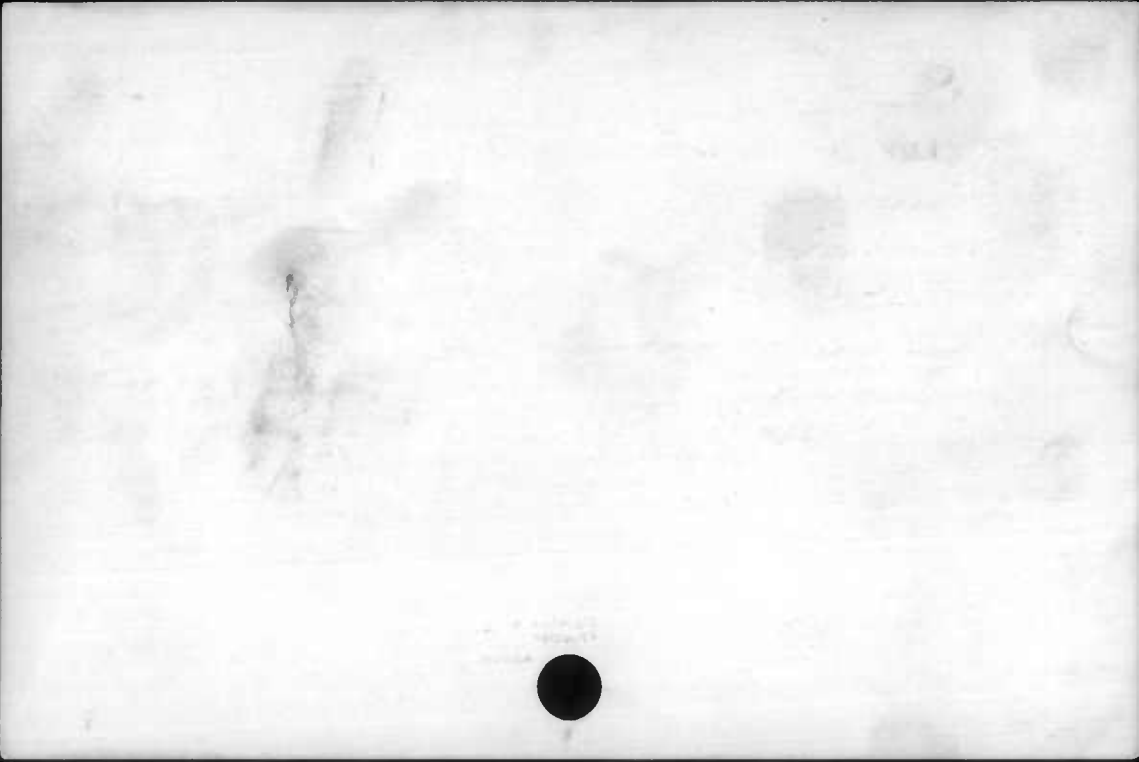
Primary Influenza How long 3 weeks

Immediate Septicemia How long one week

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician P. L. [Signature] Address Easton, Md.

2 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Charles Daugherty

MARYLAND

Died at ^{Town} St Michaels ^{County} Talbot

Date of death 1900 ^{Month} Jan ^{Day} 25 Age ^{Years} 69 ^{Months} ~ ^{Days} ~

Sex ^{Male} Color or Race ^{Black} Birth-place ^{Not known}

Occupation ^{Cook} Where Residing if not at place of death ^{- -}

Married, Single or Widowed ^{Married} Name of Wife or Husband ^{Sarah Daugherty}

Father's Name ^{Not Known} Father's Birthplace ^{= =}

Mother's Maiden Name ^{Not Known} Mother's Birthplace ^{Bona}

Name of person giving Information ^{Mrs Helen Turner} How related to deceased ^{None}

CAUSES OF DEATH

Primary ^{Gastritis} How long ¹⁰ 3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

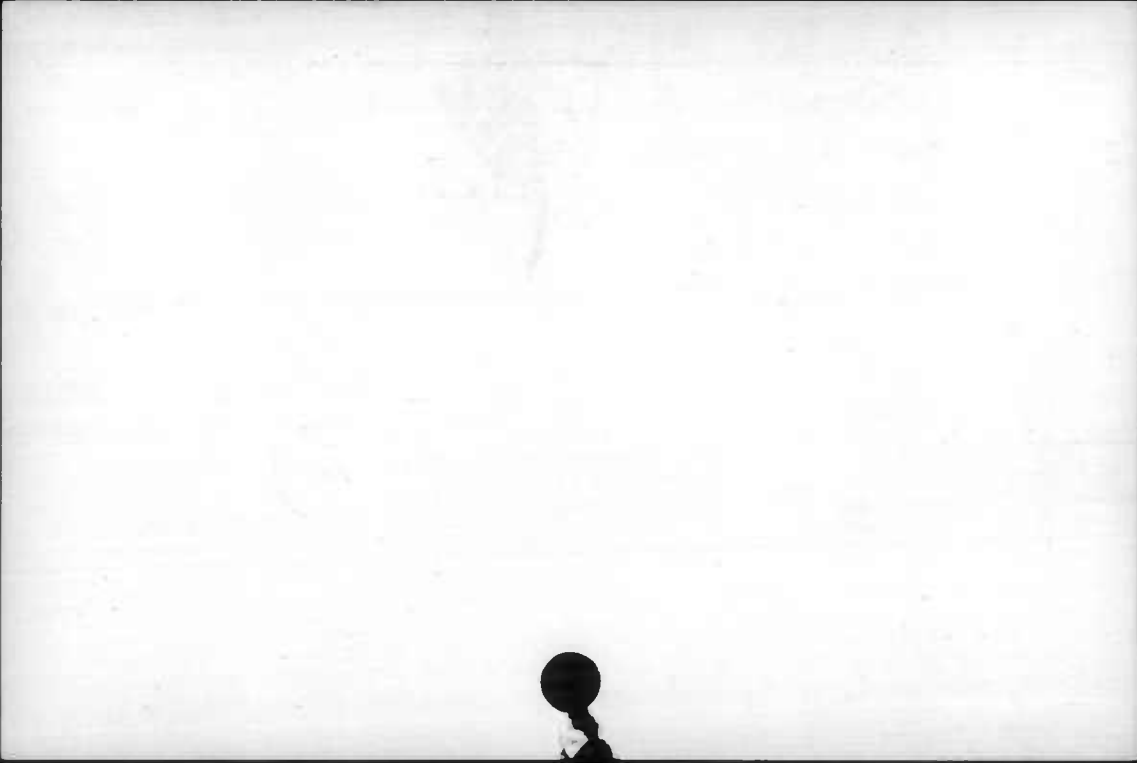
Address

E P Sparks
Act Coroner

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Augustus Dawson Town Easton County Talbot
 Died at Easton

MARYLAND

Date of death 1900 Month 1 Day 22 Age 48 Years Months 3 Days —

Sex Male Color or Race White Birth-place Talbot Co.

Occupation Invalid Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Edward M. Dawson

Father's Birthplace Easton Md

Mother's Maiden Name Susan H. Parrott

Mother's Birthplace Easton "

Name of person giving Information F. D. Dawson

How related to deceased Brother

CAUSES OF DEATH

Primary Paralysis (Spinal sclerosis)

How long 36 yrs

Immediate Exhaustion

How long few weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Chas. H. Danbow
Easton, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John H. E. Dawson		County		Towm	
Died at Trappe		County Talbot		MARYLAND	
Date of death 1960		Month Jan		Day 30	
Age 59		Years		Months	
Sex male		Color or Race white		Birth-place Talbot Co	
Occupation Farmer		Where Reaiding if not at place of death		Talbot Co	
Married, Single or Widowed		Name of Wife or Husband		Florence S. Dawson	
Father's Name Robert S. Dawson		Father's Birthplace		Talbot Co	
Mother's Maiden Name Mary R. Shannahaw		Mother's Birthplace		Talbot Co	
Name of person giving Information Percy Dawson		How related to deceased		nephew	

CAUSES OF DEATH

Primary	Tuberculosis	How long	27 ✓
Immediate	Exhaustion	How long	5 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. L. McCormick
Accident or Suicide		Address	Trappe Md.

PHYSICIAN
OR CORONER



Name
in
Full

Douglas

CERTIFICATE OF DEATH

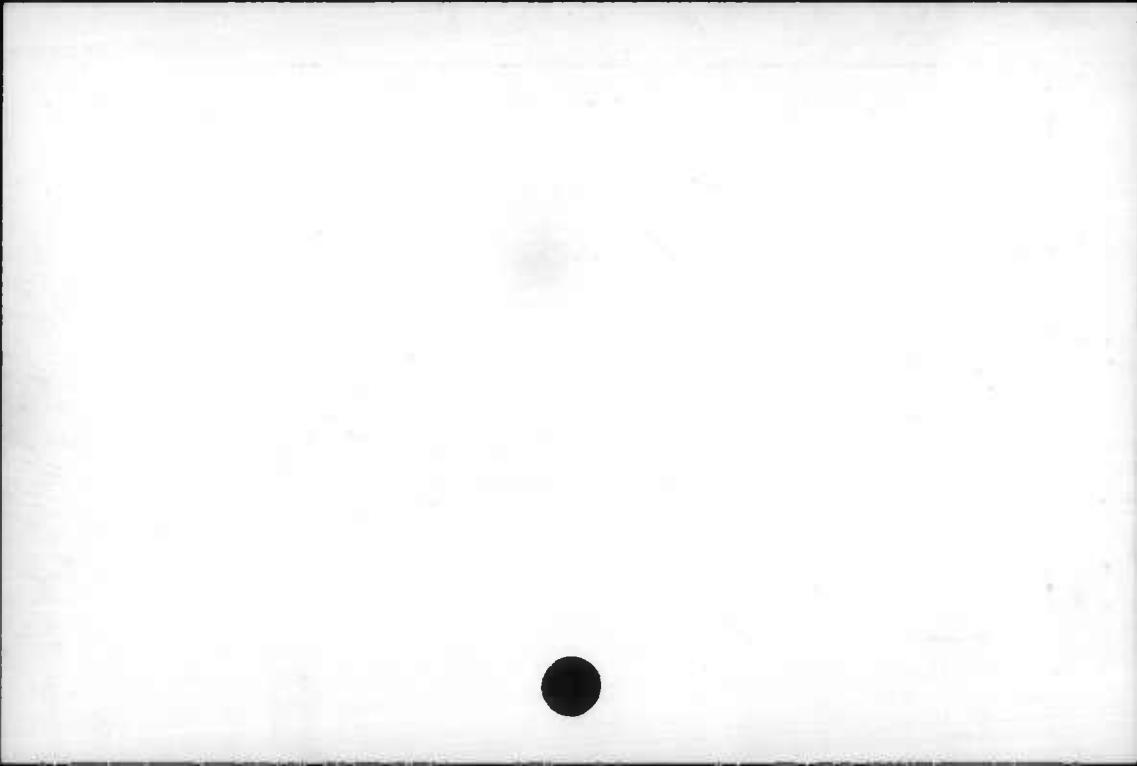
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death <i>10</i> <small>Month</small>	<i>Jan</i>	<i>6</i> <small>Day</small>	<i>0</i> <small>Age</small>	<i>0</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Easton</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Home</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Lillian Douglas</i>	Mother's Birthplace <i>Talbot Co.</i>				
Name of person giving information <i>Chas Douglas</i>	How related to deceased <i>Grandfather</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stillborn</i>	How long <i>Unknown</i>
Immediate <i>Stillborn</i>	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James B. Munnis M.D.</i>
	Address <i>222 E. Dorchester</i>
	<i>Easton Md</i>
Accident or Suicide	



Name
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Full

Catherine A Cornells

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

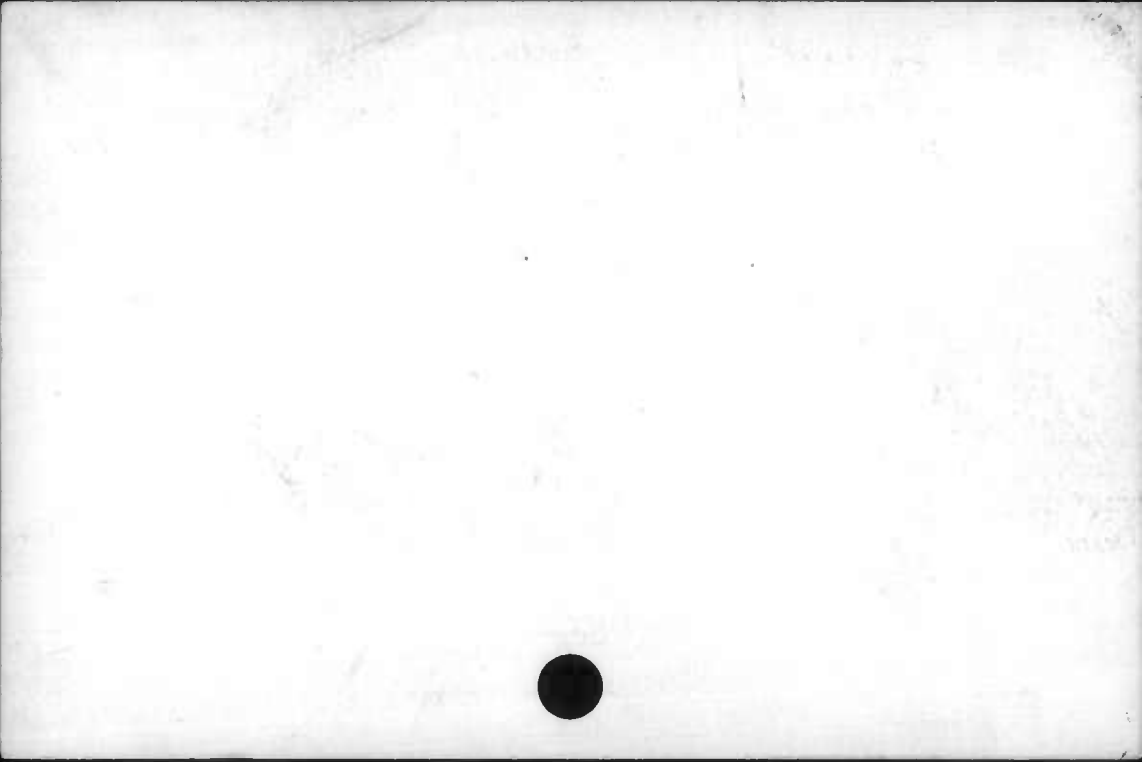
Died at		Town St Michaels		County Talbot		MARYLAND	
Date of death		Month Jan	Day 26	Age 65	Months 4	Days 9	
Sex Female		Color or Race Colored		Birth-place Talbot Co			
Occupation Housewife		Where Residing if not at place of death Frankford Pa					
Married, Single or Widowed Married		Name of Wife or Husband Rev A F Cornells					
Father's Name Henry Bailey		Father's Birthplace Talbot Co					
Mother's Maiden Name Amelia Ward		Mother's Birthplace Talbot Co					
Name of person giving Information Amelia Turner		How related to deceased Cousin					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	6 months
Immediate	Heart failure	How long	-
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. C. Davis	
		Address St Michaels	
Accident or Suicide			



Name
in
Full

Salvador Faraine

CERTIFICATE OF DEATH

Died at Easton Town Talbot County MARYLAND

Date of death 1960 Month Jan Day 7 Age 1 Years 10 Months 10 Days

Sex Male Color or Race White Birth-place Baltimore Md

Occupation None Where Residing if not at place of death Place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Sal Faraine Father's Birthplace Italy

Mother's Maiden Name Angolina Gmreis Mother's Birthplace Italy

Name of person giving Information Sal Faraine How related to deceased Father

CAUSES OF DEATH

Primary Burn How long two days

Immediate Toxemia & septicemia How long 24 hrs.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

P. L. Travers

Easton, Md.

Accident _____

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Not named
Town *Easton*

Gale
County *Zalbor*

MARYLAND

Date

of death 19*00*

Month

Jan

Day

11

Age

Years

-

Months

-

Days

-

Sex

Male

Color or
Race

Colored

Birth-
place

Easton

Occupation

None

Where Residing if not
at place of death

X

~~Married~~, Single
or Widowed

Name of Wife or
Husband

X

Father's
Name

Unknown

Father's
Birthplace

-

Mother's
Maiden Name

Rennie Gale

Mother's
Birthplace

Easton

Name of person giving
Information

Genevieve Williams

How related
to deceased

Midwife

CAUSES OF DEATH

Primary

Dead born

How long

-

Immediate

"

"

How long

-

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

E. R. Rippe M.D.

Address

Easton

Accident or Suicide

Taken from

Midwife's birth card -

PHYSICIAN
OR CORONER



Name
in
Full

Benz Gardner

CERTIFICATE OF DEATH

MARYLAND

Died at

Near Easton

Talbot County

Date

of death 1980

Month

July

Day

10

Age

Years

80

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Talbot Co.

Occupation

Farmer

Where Residing if not
at place of death

Near Easton

Married, ~~Single~~
~~or Widowed~~

Name of Wife or
~~Husband~~

Jean Gardner

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Walter Gardner

How related
to deceased

Son

CAUSES OF DEATH

Primary

Enterocolitis

How long

3 mos

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

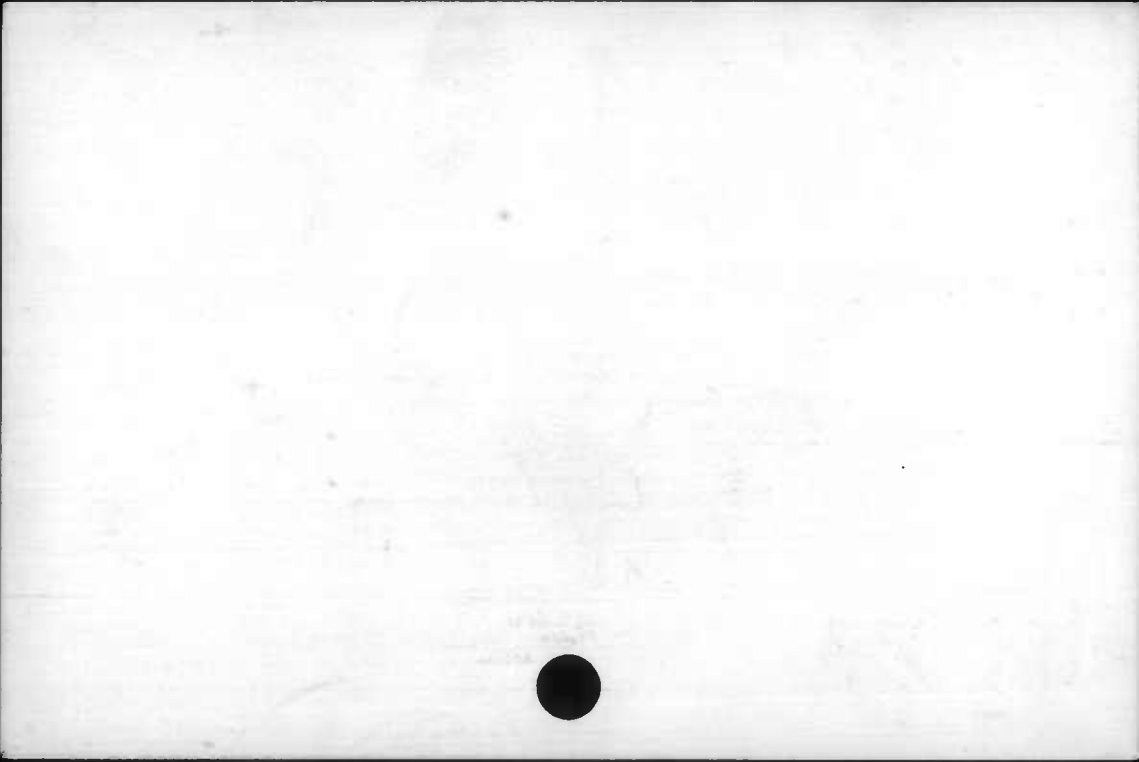
Address

S. Duellson
Easton, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



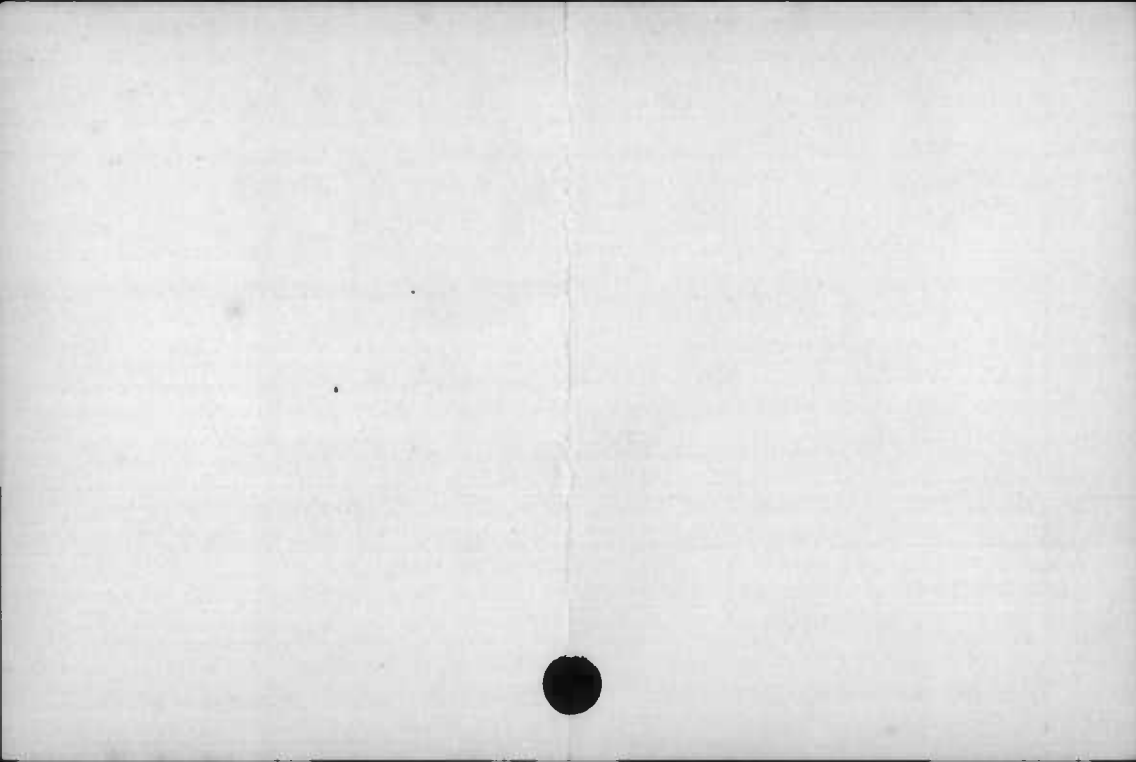
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full <i>Elyore. Green</i>		Town <i>Cordora</i>		County <i>Talbot</i>		MARYLAND	
Died at		Date of death		Age		Months	
		1909 1 19		19 1		4	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Cordora</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Opim H. Green</i>		Father's Birthplace <i>Talbot</i>					
Mother's Maiden Name <i>Mary N. Conby</i>		Mother's Birthplace <i>Talbot</i>					
Name of person giving information <i>Opim H. Green</i>		How related to deceased					

CAUSES OF DEATH

Primary	<i>Pertussis</i>	How long	<i>8 weeks</i>
Immediate	<i>Pneumonia with complications</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. V. Fori</i>	
Yes		Address <i>Cordora Md</i>	
Accident or Suicide?			



Name
in
Full

George A. Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

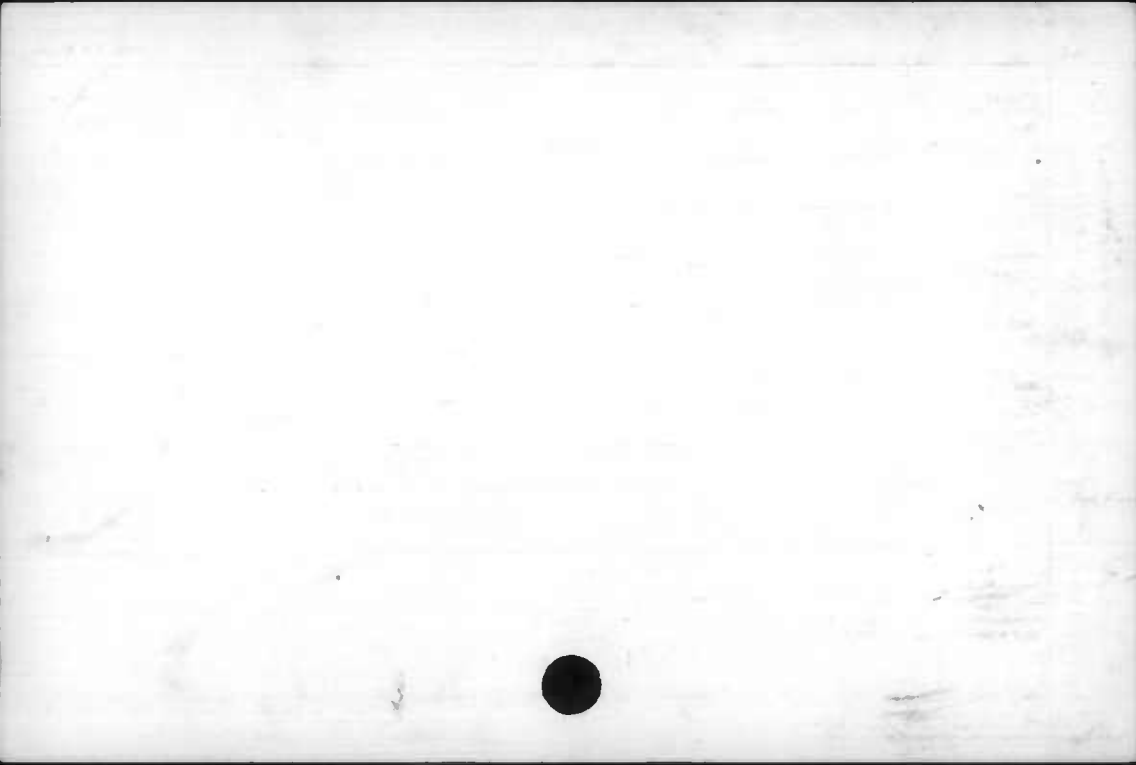
Died at		Town		County		MARYLAND	
St Michaels		Talbot					
Date of death	1900	Month	January	Day	31	Age	33
Sex	Male	Color or Race	Black	Birth-place	St Michaels, Md		
Occupation	Oysterman			Where Residing if not at place of death	St Michaels		
Married, Single or Widowed	Married	Name of Wife or Husband	Loretta Fields				
Father's Name	Abner Harvey				Father's Birthplace	don't know	
Mother's Maiden Name	Harriet Bowman				Mother's Birthplace	St Michaels, Md	
Name of person giving information					How related to deceased		

CAUSES OF DEATH

164 ✓

PHYSICIAN
OR CORONER

Primary	Drowning	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Yes	E. P. Sparks Act Comm		
Accident or Suicide	Address	St Michaels Md	
Accident			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cordova</i>		County <i>Talbot</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
19 <i>40</i>		<i>1</i>	<i>20</i>	<i>77</i>	<i>77</i>	<i>11</i>	<i>1</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co</i>			
Occupation <i>Farmer (retired)</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Rebecca Hopkins</i>					
Father's Name <i>Thomas Hopkins</i>		Father's Birthplace <i>Talbot Co</i>					
Mother's Maiden Name <i>Angie Mairgoz Hall</i>		Mother's Birthplace <i>Queen Anne</i>					
Name of person giving information <i>William Hopkins Sr.</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	How long	<i>120</i> <i>✓</i>
Immediate	<i>Haemia</i>	How long	<i>Unknown to me</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. D. Gorr</i>	
<i>Yes</i>		Address <i>Cordova Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Mary E. Hunt

MARYLAND

Died at Bryman Town Talbot County

Date of death 1940 Jan 24 Day Age 71 Years Months 10 Days 24

Sex Female Color or Race White Birth-place Talbot Co.,

Occupation Housewife Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Levin D. Hunt,

Father's Name Alvin Marshall Father's Birthplace Talbot Co.,

Mother's Maiden Name Mable Harrison Mother's Birthplace Talbot Co.

Name of person giving Information Alvin Faulkner How related to deceased Son-in-law

CAUSES OF DEATH

189
How long

Primary Heart Failure

Immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ruth Ann Johnson*

Died at *Easton* Town *Talbot* County

Date of death *1900* Month *Jan* Day *18* Age about *75* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *md*

Occupation *none* Where Residing if not at place of death *same*

Married, Single or Widowed *Widowed* Name of Wife or Husband *John Henry Johnson*

Father's Name *Frank Wilson* Father's Birthplace *md*

Mother's Maiden Name *Hester Stark* Mother's Birthplace *md*

Name of person giving Information *Berry Raison* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

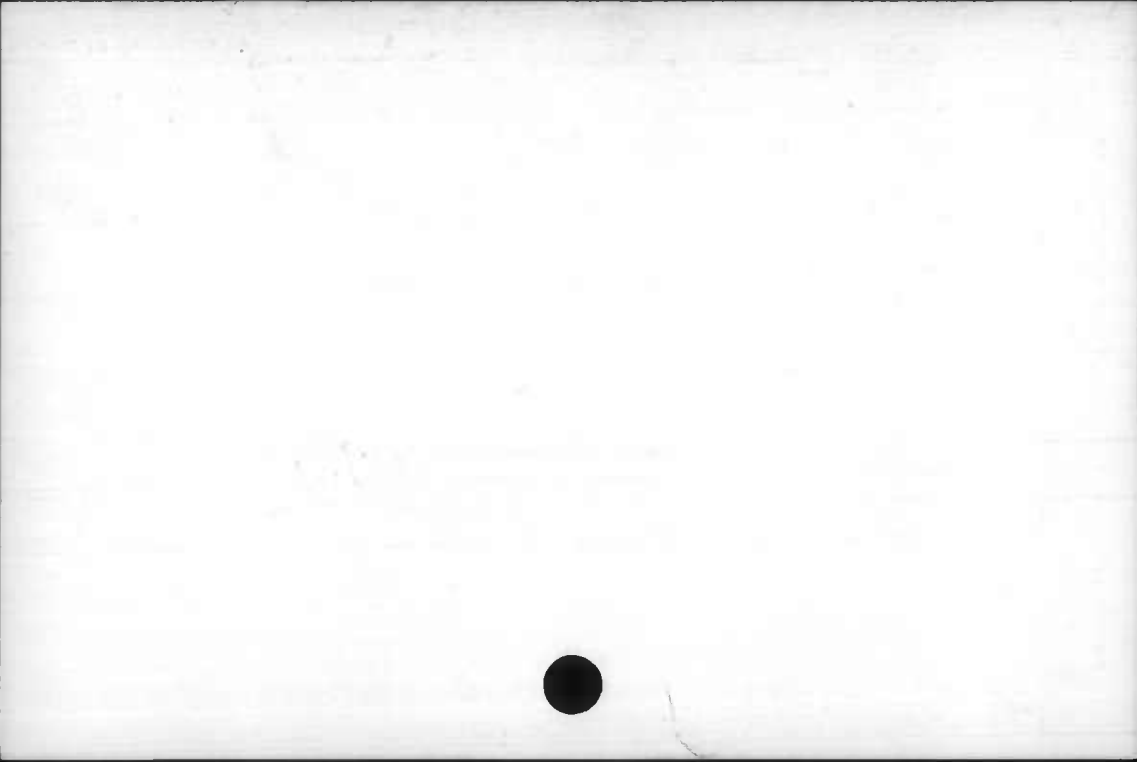
Primary *old age & Fever* How long *2 weeks*

Immediate *Not known supposed grippe* How long *a few days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John B Fairbank* Address *Coroner*

Accident or Suicide



Name
in
Full

Thomas Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Egaston Town Taylor County

Date of death 1990 Month Jan Day 26 Age 66 Years Months Days

Sex Male Color or Race Colad Birth-place Lumtama

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Hermina Jones

Father's Name Nathanal Jones Father's Birthplace Lumtama

Mother's Maiden Name do not know Mother's Birthplace do not know

Name of person giving Information Sam Stratton How related to deceased daughter

CAUSES OF DEATH

Primary Extensive Burns How long 2 days

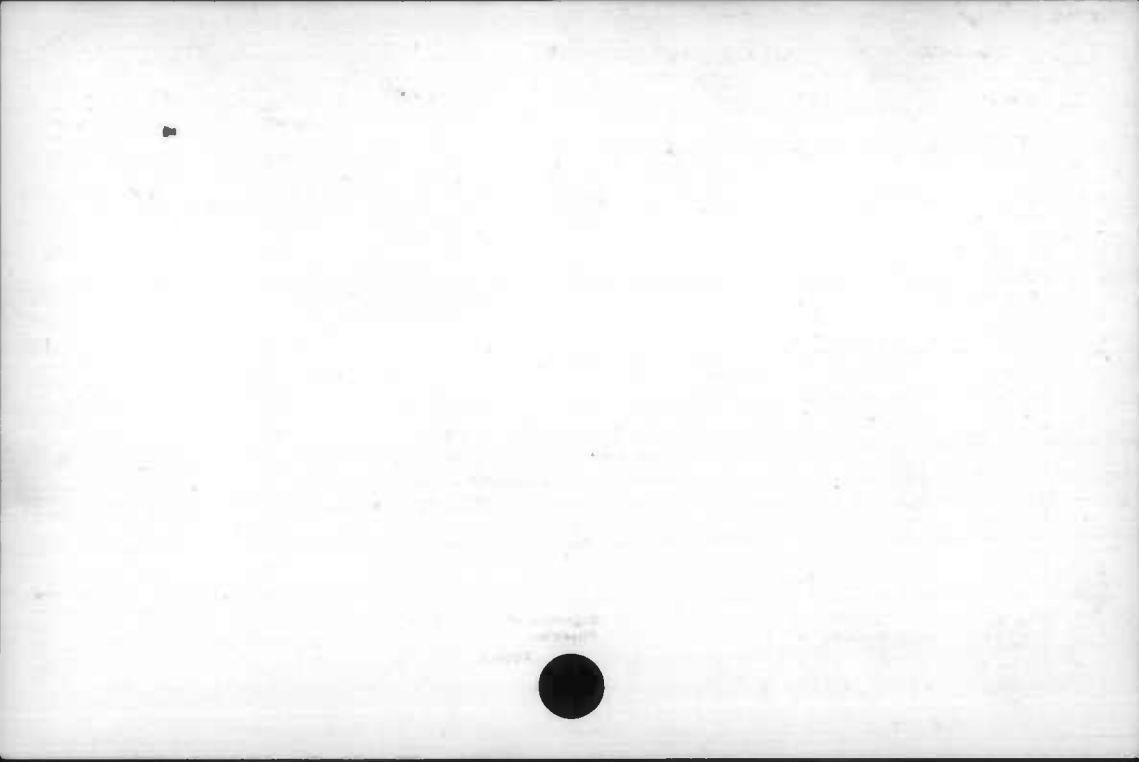
Immediate Pneumonia while in hospital How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. J. Dandson Address Egaston Md

PHYSICIAN
OR CORONER

X Accident or Suicide



Name
in
Full

Eugene Lloyd Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

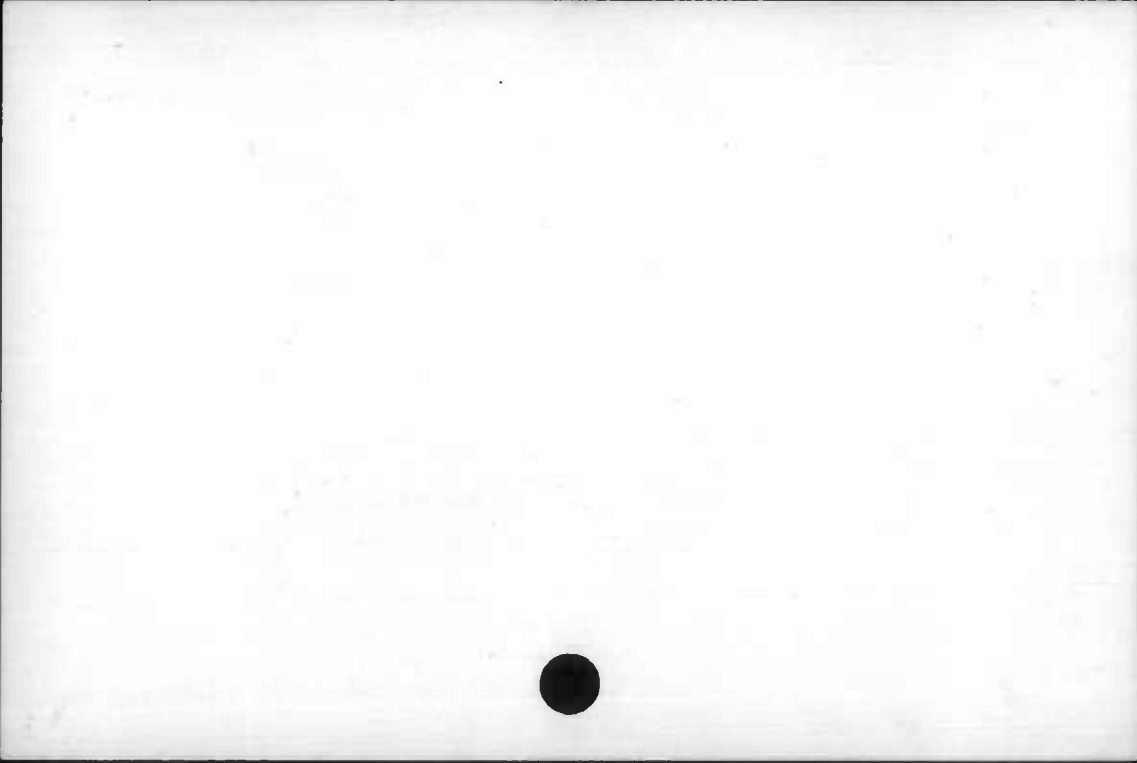
Died at <u>Belvue</u> Town		<u>Talbot</u> County		MARYLAND	
Date <u>1910</u> of death <u>190</u>	Month <u>Jan.</u>	Day <u>16</u>	Years	Months <u>9</u>	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Royal Oak Md</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Eugene Lloyd</u>			Father's Birthplace <u>Talbot Co Md</u>		
Mother's Maiden Name <u>Mary Coxen</u>			Mother's Birthplace <u>Talbot Co Md</u>		
Name of person giving Information <u>Eugene Lloyd</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

139

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Heart failure</u>	How long <u>2 or 3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas. W. Walean Sub Reg</u>
<u>1</u>	Address <u>Royal Oak Md</u>
Accident or Suicide	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Beth Lower
Died at *Mc Daniel* ^{Town} *Talbot* ^{County} **MARYLAND**
Date of death *1940* ^{Month} *Jan* ^{Day} *24* ^{Years} *21* ^{Months} *2* ^{Days} *4*
Sex *male* Color or Race *White* Birth-place *Talbot Co., Md*
Occupation *Farmer.* Where Residing if not at place of death _____
~~Married, Single~~ *Single* Name of Wife or Husband _____
Father's Name *Albert Lower* Father's Birthplace *Talbot Co., Md.*
Mother's Maiden Name *May Frances Wightton* Mother's Birthplace *Talbot Co., Md.*
Name of person giving Information *Joseph B. Skinner* How related to deceased *Cousin.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary _____
Immediate *Drowned*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *Joseph B. Skinner*
Address *Assty Coroner*
Mc Daniel, Md.
Accident or Suicide *Accident*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Frank A. Miller

MARYLAND

Died at ^{Town} Mc Daniel ^{County} TalbotDate of death 1960 ^{Month} Jan ^{Day} 15 ^{Age} 66 ^{Years} 7 ^{Months} — ^{Days} —Sex male ^{Color or Race} Black ^{Birth-place} Talbot, Md.Occupation Farmer & Mason. ^{Where Residing if not at place of death}Married, Single ~~or Widowed~~ married ^{Name of Wife or Husband} Virginia MillerFather's Name John Miller ^{Father's Birthplace} Talbot, Md.Mother's Maiden Name Eliza ~~Stewart~~ Miller (Unknown) ^{Mother's Birthplace} Mason Anne Co.Name of person giving Information Chas. Henry Miller ^{How related to deceased} Son.

CAUSES OF DEATH

Primary Arterio-Sclerosis & Nephritis

How long 4 yrs.

Immediate Exhaustion

How long 4 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician W. M. Bannister M.D.

Address Mc Daniel,

Talbot Co., Maryland.

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Mills

CERTIFICATE OF DEATH

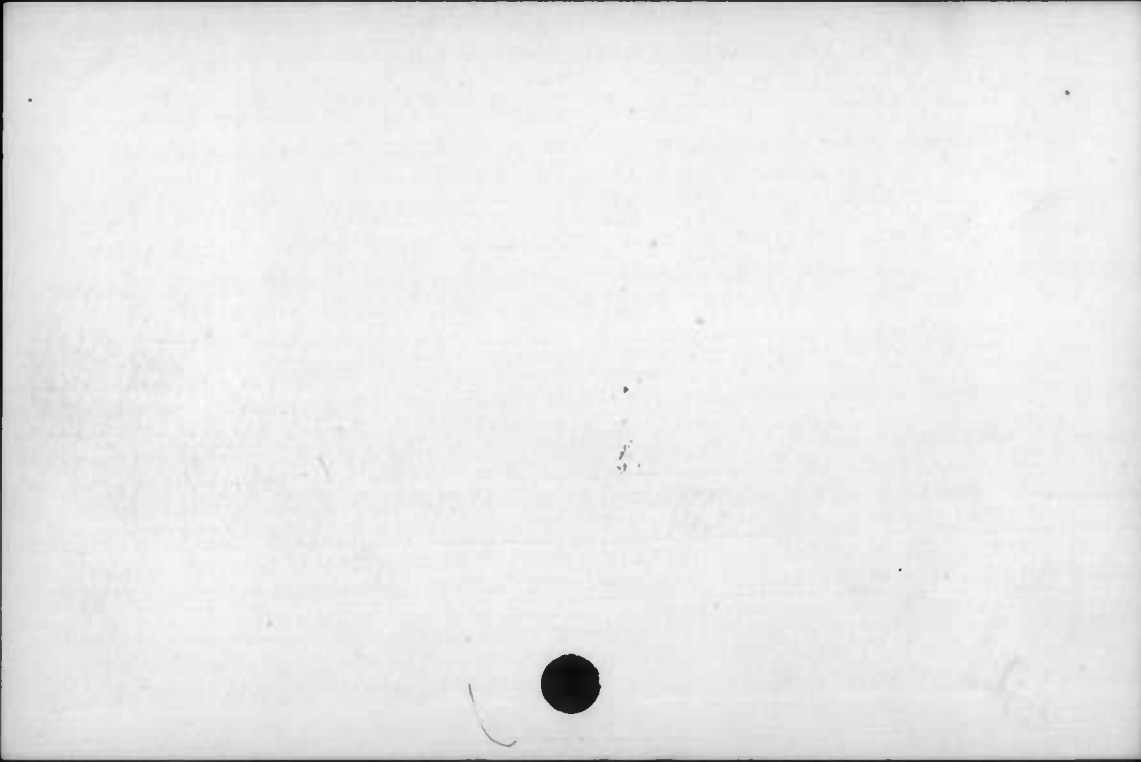
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Oxford		County Talbot		MARYLAND	
Date of death	1900	Month 1	Day 10	Age	54	Months 7	Days 23
Sex	Female		Color or Race	Colored		Birth- place	Oxford
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Aaron Mills			
Father's Name	Nicholas Adams					Father's Birthplace	Oxford
Mother's Maiden Name	Nancy Oakne					Mother's Birthplace	"
Name of person giving Information	Henrietta Dobson					How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	120 ✓ 7 months
Immediate	Heart failure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	D. S. P. Roberts		
	Address Oxford Maryland		
Accident or Suicide?	No		



Name
in
Full

Eugene Louise Mumay
Town Easton County Tarr

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 19010 Jan 23 Age 10 Months 13 Days

Sex Female Color or Race white Birth-place Easton
Occupation X Where Residing if not at place of death X

Married, Single or Widowed X Name of Wife or Husband X

Father's Name H D Mumay Father's Birthplace Len Anna

Mother's Maiden Name Magau B Adenon Mother's Birthplace Ball's

Name of person giving Information H D Mumay How related to deceased father

CAUSES OF DEATH

Primary Stomach Poisoning from Ice Cream How long 1 wk
Et exhaustion How long 2 days

Immediate
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas. J. Davidson

Address Easton Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

All Saints

Name
in
Full

Charlotte Oakney

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Eastern

Talbot

Date

Month

Day

Years

Months

Days

of death 1910 Jan.

30

Age 55

Sex

Female

Color or
Race

Colored

Birth-
place

Talbot Co. Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Jacob Oakney

Father's
Name

Mathew Curtis

Father's
Birthplace

Talbot Co. Md.

Mother's
Maiden Name

Francis Kellin

Mother's
Birthplace

Talbot Co. Md.

Name of person giving
Information

Jacob Oakney

How related
to deceased

Husband

CAUSES OF DEATH

28

✓

Primary

Tuberculosis

How long

Two years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. H. Stevenson
Eastern
Md.

Accident or Suicide

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Ermonville

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph S. Punnington

Died at

Longwood.

Town

County

Yalton

MARYLAND

Date

of death 1910

Month

Jan

Day

16

Age

Years

76

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Longwood

Occupation

Farmer

Where Receiving if not
at place of death

Longwood

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Perry C. Punnington

Father's
Birthplace

Easton Shore

Mother's
Maiden Name

Sarah Punnington

Mother's
Birthplace

Easton Shore

Name of person giving
In formation

Mary. Cooper

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Pneumonia

How long

3 days

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

C. M. Stettin, M. D.

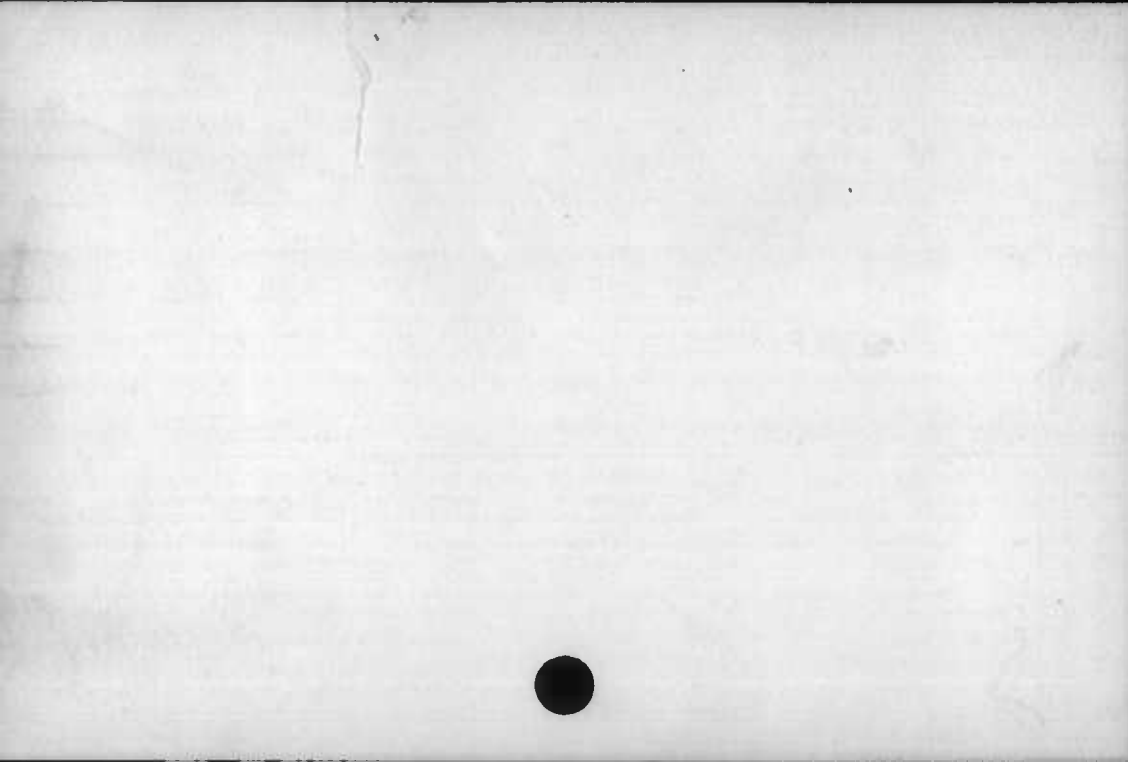
Cordova

Accident or Suicide?

No -

Ind

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Nellie May Beardon
Town Easton County Talbot

MARYLAND

Died at Date of death 1910 Jan. 22nd Age 24
Month Day Years Months Days

Sex Female Color or Race White Birth-place Talbot Co

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Joseph Beardon

Father's Name L. Scott Ross Father's Birthplace Talbot Co

Mother's Maiden Name Mary F. Ross Mother's Birthplace Worcester Co

Name of person giving Information Mary F. Ross How related to deceased Mother

CAUSES OF DEATH

61

Primary Cerebral Meningitis How long 7 days
Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

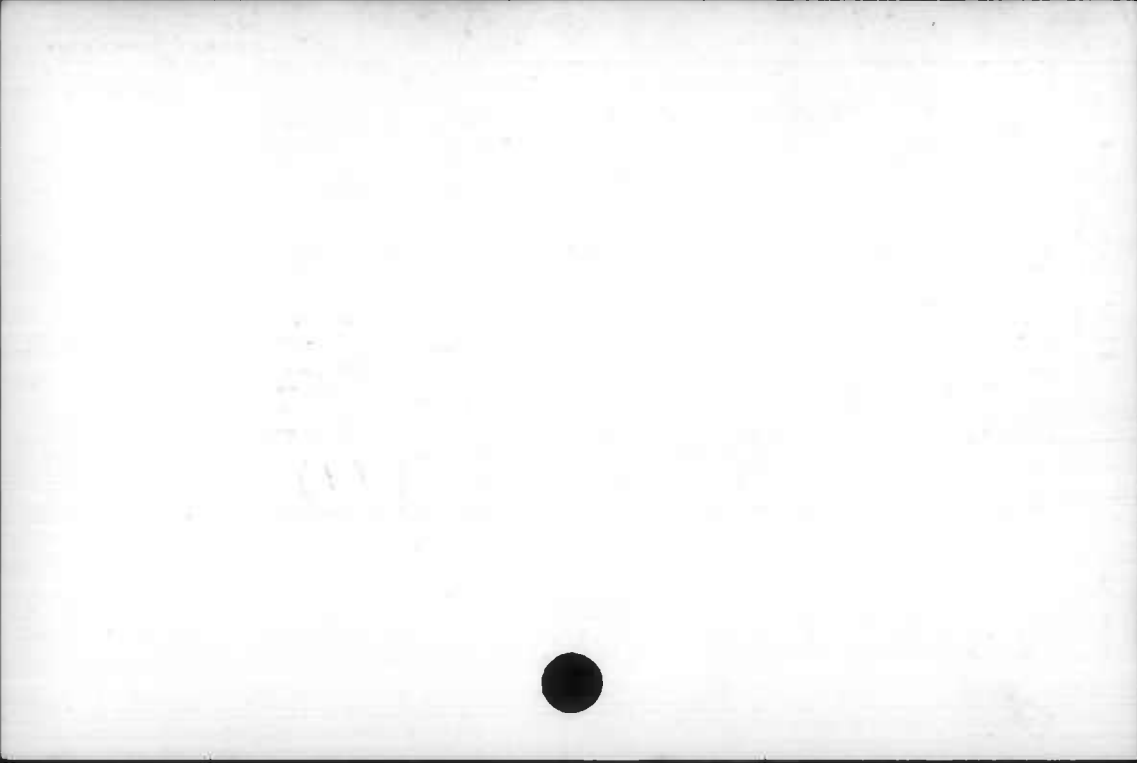
J. B. Stevens
Easton

Accident or Suicide no

Mel.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mary Roberts

Town

County

MARYLAND

Died at Easton

Talbot Co

Date of death 1940

Month 1

Day 6

Age 38

Months 3

Days -20

Sex Female

Color or Race African

Birth-place Talbot Co

Occupation H. W.

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Harrison Roberts

Father's Birthplace

Talbot Co

Mother's Maiden Name

Jane Copper

Mother's Birthplace

Talbot Co

Name of person giving Information

Harrison Roberts

How related to deceased

Father

CAUSES OF DEATH

27

✓

Primary

Pulmonary tuberculosis

How long

1 1/2 years

Immediate

Exhaustion

How long

One week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. Dr. Willson

Address

Easton Md.

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Copersville

Name
in
Full

Susan A. Schuyler

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Trappe

Talbot Co

Date

of death *1960*

Month

July

Day

5

Age

Years

78

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Talbot Co

Occupation

Housewife

Where Residing if not
at place of death

Trappe

Married, Single
or Widowed

Name of Wife or
Husband

John Schuyler

Father's
Name

Reuben Dulin

Father's
Birthplace

Talbot Co

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

George W. Schuyler

How related
to deceased

Son

CAUSES OF DEATH

Primary

Intestinal hemorrhage

How long

unknown

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. L. McCormick
Trappe

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Bene Gannan E. Smith

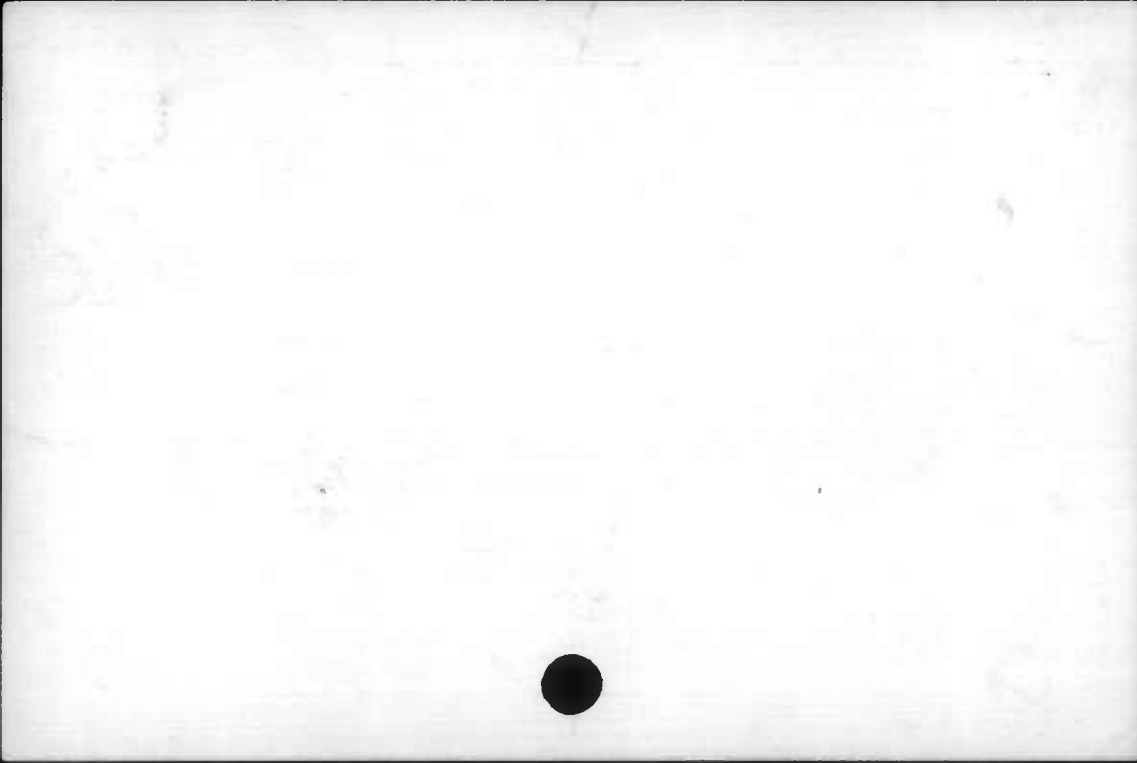
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Royal Oak</i>		Town		<i>Talbot</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>Jun</i>		Day <i>17</i>		Years <i>31</i>		Months <i>3</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Talbot co Md</i>					
Occupation <i>Labourer</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alfonzo Smith</i>							
Father's Name <i>Dont Know</i>		Father's Birthplace <i>Dont Know</i>							
Mother's Maiden Name <i>Lizzie Thomas</i>		Mother's Birthplace <i>Talbot co</i>							
Name of person giving Information <i>Horace P. Smith</i>		How related to deceased <i>Brother</i>							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Dropsy = Nephritis</i>	How long	<i>120</i> <i>about 2 mos</i>
	Immediate	<i>Heart failure</i>	How long	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. C. Davis</i>	
	Address <i>St Michaels Md</i>			
Accident or Suicide				



Name
in
Full

Lester Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

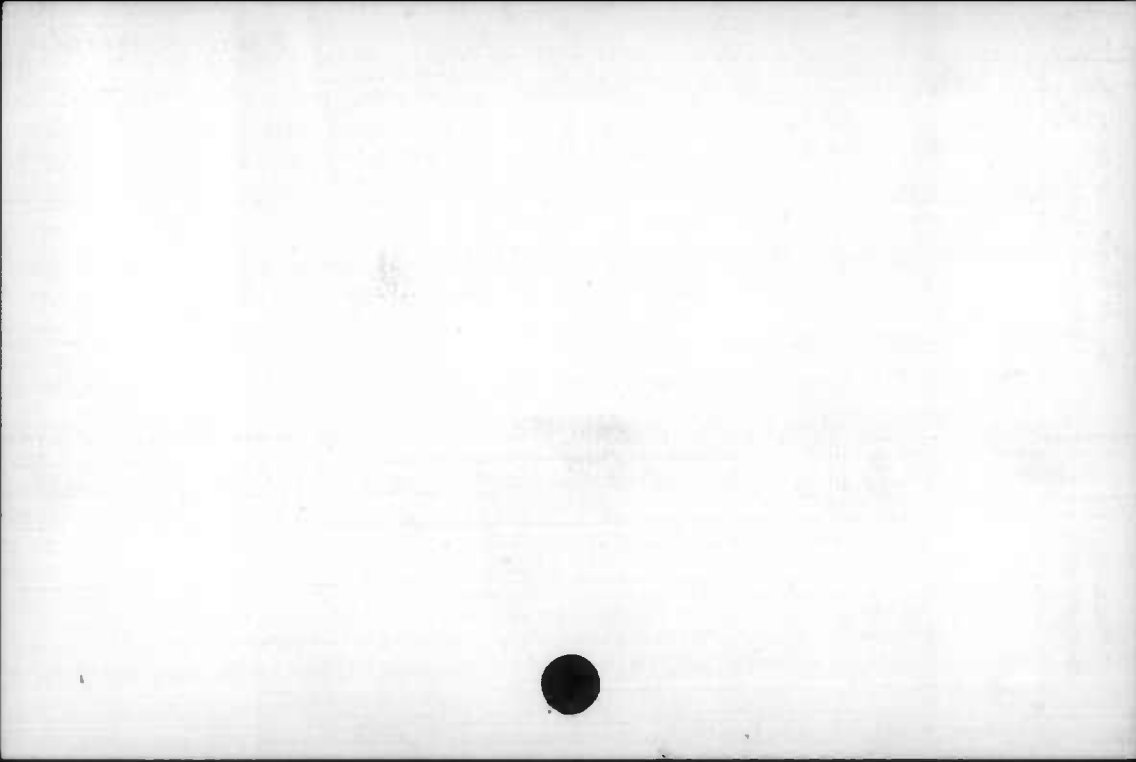
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		Jan.	29.	22	22		23 -
Sex	Female		Color or Race	Colored		Birth-place	Wheelington Richmond co. Va
Occupation	Domestic			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband Lorenzo Sterling			
Father's Name	George Taylor				Father's Birthplace	Richmond co - Va	
Mother's Maiden Name	Georgianna Taylor				Mother's Birthplace	Richmond co Va	
Name of person giving information	Lorenzo Sterling				How related to deceased	Husband	

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Larynx		How long	2 years
Immediate	Heart failure		How long	Short time
Are the name, age, sex, color, date and place correctly given above?		Yes.		
Signature of Physician		H. M. Coale M.D.		
Address		Offord Talbot Co. Md		
Accident or Suicide? _____				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles H. Thompson
Town Me. Daniel County Tallot
Died at
Date of death 1910 Jan 4 Age 77 Months 11 Days 14
Sex Male Color or Race White Birth-place Connecticut
Occupation Farmer Where Residing if not at place of death Same
Married, Single or Widowed Widower Name of Wife or Husband Carrie Thompson
Father's Name C. Henry Thompson Father's Birthplace Unknown
Mother's Maiden Name Sarah Thompson Mother's Birthplace Unknown
Name of person giving Information Carrie Thompson How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary ———
Immediate Heart Failure
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Dr. J. B. Sibley
Address 577 Michael, Md.
Accident or Suicide No

189
How long



Name
in
Full

Addie Adelia Whitely.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Andy-Hill ^{County} Talbot MARYLAND

Date of death 1908 ^{Month} 1 ^{Day} 10 ^{Age} 35 ^{Years} ^{Months} 10 ^{Days} 9-

Sex Female ^{Color or Race} White ^{Birth-place} Unknown

Occupation Housewife ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} William Thomas Whitely

Father's Name Unknown ^{Father's Birthplace} Unknown

Mother's Maiden Name Unknown ^{Mother's Birthplace} Unknown

Name of person giving Information A. J. Whitely ^{How related to deceased} Husband.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Measles. ^{How long} 5 days -

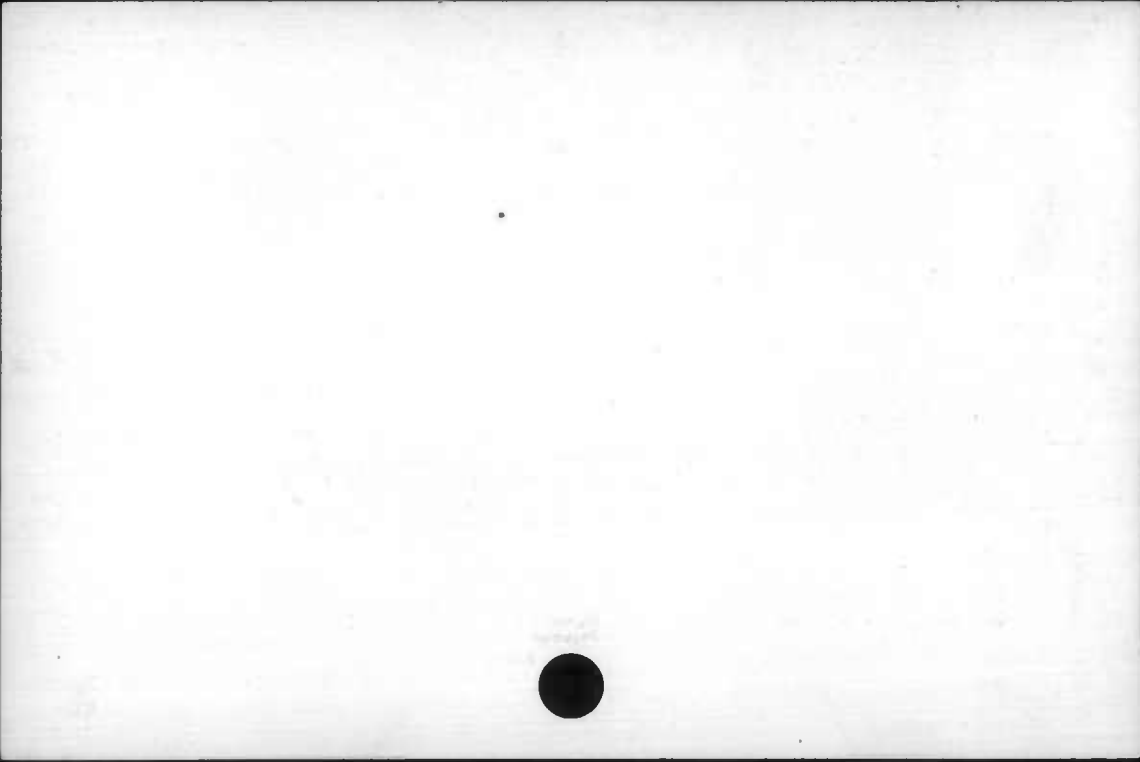
Immediate Pneumonia & Nephritis ^{How long} 7 days -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Joseph A. Cross, M.D.

Address Happe, Md.

Accident or Suicide



Name
in
Full

Samuel Stoms Wiltbank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Calver Hall ^{Town} Talbot ^{County} MARYLAND

Date of death 1940 ^{Month} January ^{Day} 25th ^{Age} 82 ^{Years}

Sex Male Color or Race White Birthplace Philadelphia Pa

Occupation Medical Doctor Where Residing if not at place of death X

~~Married, Single~~ Widowed Name of Wife or Almarine Stroman
~~Husband~~

Father's Name John Wiltbank Father's Birthplace Lewis Ore

Mother's Maiden Name Elizabeth Stoms Mother's Birthplace Phila

Name of person giving Information Mrs. May Wamerung How related to deceased Daughter

CAUSES OF DEATH

79 ✓

PHYSICIAN
OR CORONER

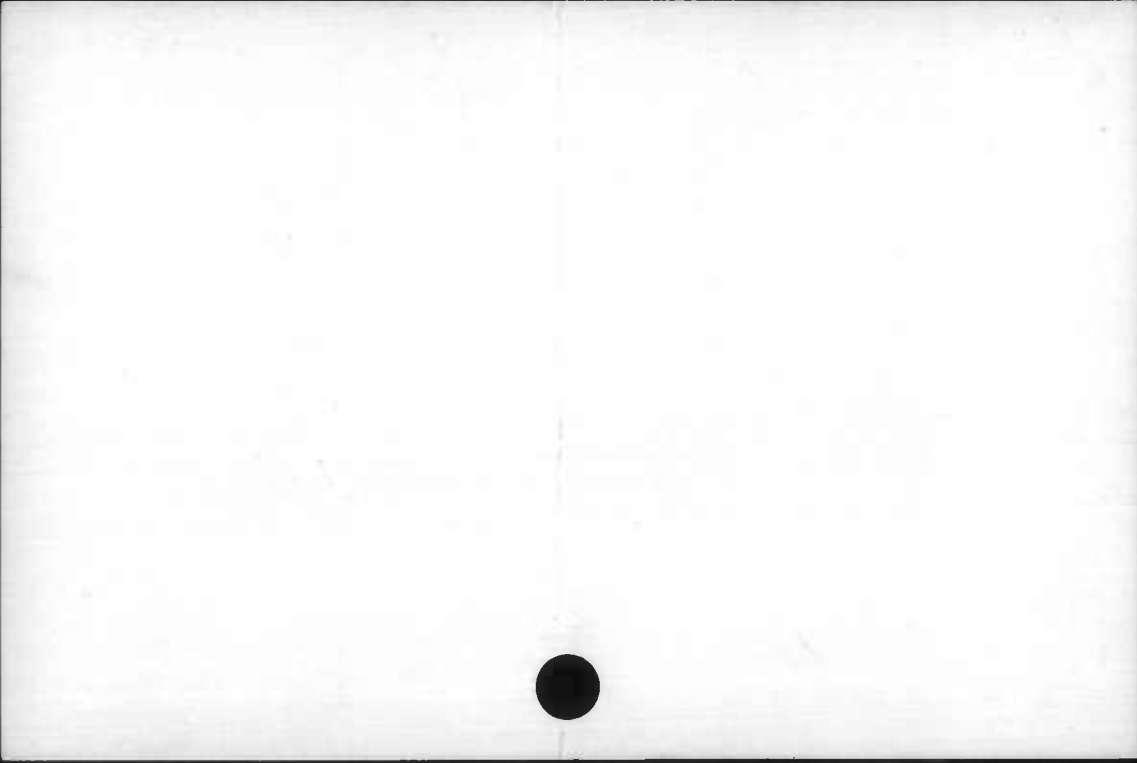
Primary Heart Valvular How long 2 or 3 years

Immediate Heart failure How long hour or two

Are the name, age, sex, color, date and place correctly given above? See him shortly

Signature of Physician S. C. Tupper Address Royal Oak

Accident or Suicide old died



Name
in
Full

Lewis Woodward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Easton ^{Town} Talbot ^{County} MARYLAND

Date of death 1900 ^{Month} 1 ^{Day} 9 ^{Years} 79 ^{Months} 1 ^{Days} 8

Sex Male Color or Race White Birth-place Baltimore

Occupation Veteran Where Residing if not at place of death _____

Married, Single or Widowed Widowed Name of Wife or Husband Emily Woodward

Father's Name John Woodward Father's Birthplace Balto.

Mother's Maiden Name Mary E. Jones Mother's Birthplace Balto.

Name of person giving Information Mrs. Lizzie Price How related to deceased daughter

CAUSES OF DEATH

(66) ✓

PHYSICIAN
OR CORONER

Primary Heart Phlegia How long 1 yr.

Immediate General Asthenia How long 4 weeks

Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician P. L. Travers

Address Easton, Md.

Accident or Suicide



Name
in
Full

Thomas L Jewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Janis Mills		Talbot-					
Date of death	1900	Month	Jan	Day	29	Years	Age 56
Sex	male	Color or Race	white	Birth-place	Talbot - Co	Months	6
Occupation	Farmer	Where Residing if not at place of death		Talbot - Co			
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	Jasper Jewell	Father's Birthplace		Caroline Co			
Mother's Maiden Name	Matilda Tarr	Mother's Birthplace		Talbot - Co,			
Name of person giving Information	Florence Marshall	How related to deceased		sister			

CAUSES OF DEATH

Primary Found dead in bed

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John C. Anderson, Coroner
Easton Md

Accident or Suicide

PHYSICIAN
OR CORONER

189 ✓

